# **Programs Accreditation Standards**

Survey Visit Type: Choose an Item									
TRAINING PROGRAM DETAILS									
Training Program Name	Adult Neurology	Neurology Program Type Main Specialty							
Training Program Duration	5 Year(s)	No. of Junior Years(s)	3 Year(s)	No. of Senio	Year(s)	2 Year(s)			
Training Center Name		City			Date				
D. Dedicated Sessions per Fu The One Session is define		onsultants and/or Senior Registra	r/Senior Spe	cialist)	No. of Se Trainer	ssions/Cases per			
<b>Clinical Teaching Session</b>	(s)				Minimum 2 Per Week				
Out-Patient Clinic Session	n(s)				Minimum 2 Per Week				
Clinical Round Minimum 2 Per Week									
Number of Cases per Full	-Time Equivalent Trainer (	(Consultants and/or Senior R	egistrar)		Minimu	m 50 Per year			

#### P. Conditions for Consideration of Part-Time Trainers as a Full-Time Equivalent Trainer

- Program Director must be always on a Full-Time Contract at the Training Center.
- One or More Part-Time Trainer(s) Should Fulfill the Workload Sessions of at Least One Full-Time Equivalent Trainer in Order to be calculated in the Training Capacity Formula.
- Part-Time Trainer Contract should be for Minimum of One-Year to be included in the Training Capacity Calculation, in order to maintain the sustainability of Training, and the Training Center is Committed to Renew the Contract Annually or Notify the SCFHS at Least 12 Months ahead of the Admission Gate and Submit a Request to modify the Training Capacity Accordingly.
   The Part-Time Trainer Contract and Job Description must state the commitment of Part-Time Trainer towards active engagement in Training.

#### B. Conditions for Consideration Senior Registrar/Senior Specialist as a Full-Time Equivalent Trainer

- Senior Registrar/Senior Specialist must be granted the Credentials and Privileges of Acting Consultant by the Healthcare Institution 's Credentialing and Privileging Committee for the Specialty/Sub-Specialty that they are Qualified to act as a Full-Time Equivalent Trainer.
- Senior Registrar/Senior Specialist must have the Full Workload Sessions as defined above for the Full-Time Equivalent Trainer.
- Senior Registrar/Senior Specialist must have a separate Patients/Cases Workload from other Full-Time Equivalent Trainers.
- Senior Registrar/Senior Specialist on a Part-Time Contract must fulfill the above Conditions in section P and section B to be considered as a Full-Time Equivalent Trainer in the Training Capacity Calculation.

Training Capacity Calculation Formula										
Annual Acceptance:	Trainer to Trainee	Number of Full-Time Equivalent Trainers x N/Number of Training Program								
	Ratio	Years	Years							
	1:1		No. of Trainers x 1 /5							
Total Training Capacity	Annual Acceptance x 5									
Trainers Included in TCF SCFHS Classified Neurology Trainers (Consultants and/or Senior Registrar)										
	Junior Year(s)		Senior \	rear(s)						
Level 1	Level 2	Level 3	La Level 4							
20%	20%	20%	20%	20	%					
Accredited Total Training Ca	pacity (If Applicable)	Trainees	Current Number of Trainees (If Ap	plicable)	Trainees					
Accredite	d Training Capacity in th	e Program (Not Applicable	e if it is a Newly Applying Traini	ng Program)						
Level 1	Level 2	Level 3	Level 4	Leve	l 5					
Current Number o	f Trainees as identified b	v the Survey Team (Not A	oplicable if it is a Newly Applyin	a Training Proc	iram)					



Accreditation Standards' Weighing Definitions:								
ETR0	ETRO If Not Fully Met, the New Program Will Not Be Accredited, Accredited Program Will Be Warned, Frozen, or Withdrawn							
ETR1 Mandatory for Full Accreditation								
ETR2 Highly Recommended								
Accreditation Star	Accreditation Standards' Compliance Scoring Definition:							
Fully Met	When the Compliance to the Accreditation Standard is > 90% (Comment <u>when Required</u> )							
Partially Met	When the Compliance to the Accreditation Standard is > 50-90% (Comment <u>is</u> Required)							
Not Met	When the Compliance to the Accreditation Standard is $\leq$ 50% (Comment <u>is</u> Required)							
Not Applicable	When the Standard does not apply to the Training Center (Comment is Required)							
(N/A)								

## I. INSTITUTION

The Institutionally-Accredited Training Center Assumes the ultimate responsibility for Supervision of the Training Program at the Affiliated Training Site(s); and Collaborates with other Training Centers (When Applicable) to share responsibility for Supervision of the Training Program at the Participating Training Site(s).

Standard	Fully	Partially	Not	N/A	Comment
Standard	Met	Met	Met	1.9/1	comment
I.1. The Training Center is Responsible for Supervision of Trainees					
(Sponsored and Non-Sponsored Rotating Trainees) at All Affiliated					
Training Sites (i.e. Training Sites that are linked to the Governance of the					
same Training Center). (ETR1)					
I.2. The Training Center has a Valid Inter-Institutional Collaboration					
Agreement with other Training Center(s), when Collaborating to execute					
the Training Program at <b>Participating Training Sites</b> (i.e. Training Sites					
that are linked to the Governance of another Training Center). (ETR1)					

#### A. ADMINISTRATIVE STRUCTURE

There Must be an Appropriate Administrative Structure for the Training Program.

Standard	Fully Met	Partially Met	Not Met	N/A	Comment
A.1. PROGRAM DIRECTOR					
A.1.1. Classified by the SCFHS (or Equivalent if the Training Center is Outside the KSA) as Neurology Consultant (ETR0)					
A.1.2. Program Director (PD) Appointment is Approved as per the SCFHS Regulations (or Meets the SCFHS PD Appointment Requirements for the newly applying Training Program). (ETR1)					
A.1.3. Does not Assume any other Leadership Position (i.e. Head of Section/Department, Medical Director, CEO, or any other Clinical/Administrative Leadership Position). (ETR1)					



A.1.4. Monitors and Ensures Adequate Supervision of Trainees at All Affiliated and/or Participating Training Sites, reports to the <b>Training</b> <b>Program Committee</b> (TPC: for the Full Training Program) or the <b>Shared</b> <b>Training Program Committee</b> (STPC: for the Shared Training Program), and Remediates through TPC Issues Related to Training. (ETR1)			
A.1.5. Coordinates with Institutional Training Committee (ITC), Training Program Committee (TPC) and the Training Sector's Shared Training Programs Committee (for the Shared Training Program). (ETR1)			
A.1.6. Communicates Effectively with the Designated Institutional Official (DIO). (ETR1)			
A.1.7. Communicates Effectively with the Head of Section/Department, Trainers and Trainees. (ETR1)			
A.1.8. The Training Center provides the Program Director with Adequate Protected Time, Administrative Secretarial Support Coordinator(s), Incentives and Access to a Private Office. (ETR1)			
A.1.9. Fulfills his/her Duties as defined by the SCFHS. (ETR1)			
A.1.10. Submits Documents required by the SCFHS. (ETR1)			
A.1.11. Has an Appointed Deputy. (ETR2)			
<b>A.2. Training Program Committee Structure</b> Must Be Formed at the Training Center's Primary Training Site, and can have Sub-TPCs at the Affiliated Training Sites.			
A.2.1. Chaired by the Program Director. (ETRO)			
A.2.2. Membership includes Trainers' Representation from All Affiliated Training Sites. (ETR1)			
A.2.3. Membership includes at Least One Elected Trainees' Representative with Full and Equal Voting Rights. (ETR1)			



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A.2.4. Meets at least Quarterly, Meeting Minutes are made available. (ETR1)				
A.2.5. Communicates Effectively with the ITC, Head of Section/Department, Trainers & Trainees. (ETR1)				
A.3. Responsibilities of the Program Director & Training Program	•			
Committee.	1	1	-	
A.3.1. Selection of Candidates. (ETR1)				
A.3.2. Ensure the Trainees Receive Adequate General, Program-Specific and Rotation-Specific Orientation Prior to the Start of the Training Activities. (ETR1)				
A.3.3. Ensure and Monitor the Implementation of the Training Program as Stated at the SCFHS Curriculum. (ETR1)				
A.3.4. Discuss, Document Any Major Deviation off the Training Program Curriculum, present it to the ITC, communicate it to the SCFHS through the DIO, and Seek the Necessary Formal Approval Prior to the Implementation. (ETR1)				
A.3.5. Review Trainees' Evaluations, Develop Remediation Plans for Trainees Not Meeting the Required Level of Competence, Follow-up Remediation Plans Implementation, Results and Act accordingly. (ETR1)				
A.3.6. Monitor Progress of Training and Promotion of Trainees. (ETR1)				
A.3.7. Activate Appeal Mechanism When Appeals Are Received. (ETR1)				
A.3.8. Promotes Access of Trainees to Well-Being Program and Stress Counselling. (ETR1)				
A.3.9. Support Trainees through Career Planning & Counselling. (ETR2)				
A.3.10. Ensure Adequate and Regular Review of the Training Program Learning Environment and Educational Resources.				
A.3.10.1. Feedback of Trainees is Obtained and Utilized for Continuous Improvement of the Learning Environment. (ETR1)				

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A.3.10.2. Training Program Learning Environment is Evaluated by the Trainees. (ETR1)			
A.3.10.3. Trainees are Evaluated by the Trainers and TPC. (ETR1)			
A.3.10.4. Trainers Provide Trainees with Timely Feedback During and Prior to the End of each Training Rotation. (ETR1)			
A.3.10.5. Appropriate Trainers-to-Trainees Interaction that is Open, Collegial and Respectful of Trainees' Confidentiality. (ETR1)			
A.3.10.6. Trainers are Evaluated by the Trainees and TPC. (ETR1)			
A.3.10.7. Conduct Clinical Learning Environment Review of Each Major Component of the Training Program. (ETR1)			
A.3.10.8. Conduct Internal Review of the Training Program at least Once during the Program Accreditation Cycle, Determine/Execute Corrective Action Plan Accordingly, address it at the TPC and Present it to the ITC, Follow-up and Document the Progress of Corrective Action Plan until All Issues are Resolved (ETR1)			
A.3.10.9. Form the Internal Review Team to include One Trainer, One Trainee (Both from the same Training Program) and an External Reviewer (Trainer from a Different Specialty inside the Training Center <b>or</b> from the same Specialty of another Training Center). (ETR1)			
A.3.10.10. The Internal Review Team Utilizes the Latest SCFHS Training Program Accreditation Standards, as made Available at the SCFHS Website. (ETR1)			
A.3.10.11. Ensure Coherence and Monitor Compliance of Trainers and Trainees into the SCFHS Institutional Accreditation Standards, Training Program Accreditation Standards. (ETR1)			
A.3.10.12. Ensure Coherence and Monitor Compliance of Trainers and Trainees into the SCFHS Accreditation, Training and Assessment Bylaws, Policies and Procedures. (ETR1)			
A.3.10.13. Monitor the Trainees Participation in Clinical/ Translational/ Basic Sciences Research Activities, Patient Safety and Healthcare Quality Improvement Projects. (ETR2)			
A.3.11. There is a Process that Ensures Safety of Trainees and Patients. (ETR1)			

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A.3.11.1. Includes Educational Activities and Mentorship related to Patient Safety. (ETR1)				
A.3.11.2. Includes Trainees' Safety Measures (ETR1)				
A.3.11.3. Trainees and Trainers Are Aware of the Process. (ETR1)				
A.4. Administrative Secretarial Support Coordinator(s).				
A.4.1. Adequately Assigned to the Training Program. (ETR1)				
A.4.2. Provided with Adequate Access to Office Space, Computer and Phone. (ETR1)				
A.4.3. Provide Adequate Support to the Program Director and Trainees. (ETR1)				
A.4.4. Adequately Coherent with the Training Program and SCFHS Regulations. (ETR1)				
A.5. Trainers (Training Faculty)				
A.5.1. Adequately Supported, Recognized and Valued. (ETR1)				
A.5.2. Certified as Trainers at areas of Clinical Teaching, Formative Assessment and Mentorship (SCFHS-TOT or Equivalent). (ETR2)				
A.5.3. Committed to Perform their Training, Education, Mentorship and Supervisory Responsibilities. (ETR1)				
A.5.4. Facilitate and Supervise Trainees, Research and Scholarly Work. (ETR1)				
A.5.5. Adequately Provided Opportunities for Faculty Development in Postgraduate Clinical Teaching, Formative Assessment and Mentorship. (ETR1)				



### T. TRAINING CAPACITY

The Training Program Maintains a Balanced Distribution of Trainees Throughout the Training Years, Does Not Exceed the Allocated Training Capacity As per the SCFHS Training Program Latest Accreditation Decision; Immediately Notifies the SCFHS of Negative Changes at the Educational Resources or Launch of Parallel Non-SCFHS Accredited Training Program that shares the same Educational Resources, and Proactively Submits a Request to Reduce the Training Capacity in order to match the Training Program's Educational Resources with the Training Program's Accreditation Standards and Training Capacity Calculation Formula.

Standard	Fully	Partially	Not	N/A	Comment
Stanuaru	Met	Met	Met		Comment
T.1. The Training Program Does Not Exceed the Training Capacity as					
Accredited by the SCFHS. (ETRO)					
T.2. The Training Program's Educational Resources Are Adequate to					
Support the Number of Trainees Appointed to the Training Program at All					
Times (Sponsored by the Training Center, Rotating from other Training					
Centers or Off-Service Trainees from other Training Programs Specialties).					
(ETRO)					
T.3. The TPC Ensure that Trainees of various Training Levels Are Not					
Sequestrated at a certain Training Level or Training Rotation which may					
Negatively Affect the Training Exposure and Competencies Attainment.					
(ETRO)					

### G. GOALS AND OBJECTIVES

The Training Center is Committed to Achieve the Goals and Objectives as defined by the SCFHS Training Program latest Curriculum and Accreditation Standards

Standard	Fully Met	Partially Met	Not Met	N/A	Comment
G.1. The Training Program Implements the Rotation-Specific Goals and					
Objectives (Knowledge, Skills and Attitudes) Utilizing the Competency					
Framework Defined the SCFHS Curriculum (CanMEDS or Others). (ETR0)					
G.2. Trainers and Trainees Are Fully Coherent about the SCFHS Training					
Program Curriculum including the Training Rotations' Goals & Objectives.					
(ETRO)					
G.3. Trainers and Trainees Review the Training Rotations' Goals &					
Objectives Prior to the Start of each Training Rotation, and Aim to Achieve					
Them During and Prior to the end of each Training Rotation. (ETR0)					
G.4. Goals and Objectives of each Training Rotation Are Utilized in Clinical					
Teaching, Learning, Formative Assessment and End-of-Rotation Evaluation					
Feedback. (ETRO)					



### S. STRUCTURE AND ORGANIZATION OF THE TRAINING PROGRAM DELIVERY

The Training Program's Rotations Structure and Organization, Both Mandatory and Electives, are Designed to Provide the Trainee with the Opportunity to Fulfil the Educational Goals and Objectives in order to Attain the Required Competencies for Professional Practice at the Training Program Specialty/Sub-Specialty Field.

Standard	Fully Met	Partially Met	Not Met	N/A	Comment
S.1. Delivers All Components of the SCFHS Training Program Curriculum. (ETR1)					
S.2. Trainees are Adequately Supervised. (ETR1)					
S.3. Each Trainee is Provided the Opportunity to Assume Senior Role During his/her Training Program Duration. (ETR1)					
S.4. Service Demands Do Not Interfere with Academic Training Program Delivery. (ETR1)					
S.5. Trainees have Equal Opportunity to Meet the Educational Goals and Objectives. (ETR1)					
S.6. Trainees have Opportunity for Elective Rotations Inside and/or Outside the Training Center as approved by the TPC/STPC. (ETR1)					
S.7. Training Learning Environment is Free of Intimidation, Harassment, Abuse and Promotes Trainees' Safety. (ETR1)					
S.8. The Center Should Be Committed to What is Stated in the Duties and Rights of the Trainee's Documents That is Issued by SCFHS. (ETR1)					
S.9. Collaboration with Other Training Centers for Trainees of a Similar Training Program Specialty Who Need to Rotate in the Specialty of the Training Program at the Training Center to Bridge a Certain Gap or to Expand their Clinical Training Exposure. (ETR2)					
S.10. Collaboration with Other Training Programs' Specialties (Inside or Outside the Training Center) for Trainees Who Need to Rotate in the Specialty of the Training Program to Bridge a Certain Gap or Expand their Clinical Training Exposure. (ETR2)					



### C. CLINICAL, ACADEMIC AND SCHOLARLY CONTENT OF THE TRAINING PROGRAM

The Clinical, Academic and Scholarly Content for Postgraduate Health Professions Education are Designed to Adequately Attain the Required Competencies for Professional Practice at the Training Program Specialty/Sub-Specialty Field. The Quality of Scholarly Content of the Training Program Will, in Part, be Demonstrated by the Spirit of Enquiry During Clinical Discussions, at the Procedure Room, Clinical Rounds, Bedside, Ambulatory Care, Clinics or Community, Journal Clubs, Seminars, and Conferences. Scholarly Content Implies an in-Depth Understanding of Basic Mechanisms of Normal and Abnormal States of Health and the Application of Up-to-Date Knowledge to Practice. The SCFHS Utilizes CanMEDS Competency Framework for the Most of its Training Programs.

Standard	Fully Met	Partially Met	Not Met	N/A	Comment
C.1. Medical/Health Expert Trainees are exposed to an Effective					
Teaching and Supervised Practice Pertaining to:					
C.1.1. Expertise in Decision-Making Skills. (ETR1)					
C.1.2. Expertise for Assessing the Need of Consultation to Other Health Professionals. (ETR1)					
C.1.3. Building Knowledge, Practice and Expertise through Supervised Clinical Exposure. (ETR1)					
C.1.4. Structured Teaching of Basic and Clinical Sciences Learning through Weekly Academic Half-Days. (ETR1)					
C1.5. Addressing Issues related to Age, Gender, Culture and Ethnicity. (ETR1)					
C.1.6. Active Engagement in Relevant Committees (Morbidity/Mortality, Patient Safety, Quality, Infection Control, Medications Safety, Research, etc.). (ETR2)					
<b>C.2. Communicator</b> Trainees are exposed to an Effective Teaching and Supervised Practice Pertaining to:		I			
C.2.1. Communication Skills. (ETR1)					
C.2.2. How to Report Adverse Events, Document at Patient Records & Utilize Electronic Medical Record. (ETR1)					
C.2.3. Appropriate Consultation Skills, Referrals, Hand-Over, and/or Transfer of Care. (ETR1)					
<b>C.3. Collaborator</b> Trainees are exposed to an Effective Teaching and Supervised Practice Pertaining to:					



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C.3.1. Collaborative Skills for Inter-Professional and Multi- Disciplinary Healthcare Delivery. (ETR1)					
C.3.2. Skills for Conflicts' Management and Resolution. (ETR1)					
<b>C.4. Leader</b> Trainees are exposed to an Effective Teaching and Supervised Practice Pertaining to:		•			
C.4.1. Leadership Skills. (ETR1)					
C.4.2. Allocation of Healthcare Resources. (ETR1)					
C.4.3. Management of Health Professional Practice and Career. (ETR1)					
C.4.4. Serving in Administrative and Leadership Function. (ETR1)					
C.4.5. Principles and Practice of Healthcare Quality Assurance and Quality Improvement. (ETR1)					
<b>C.5. Health Advocate</b> Trainees are exposed to an Effective Teaching and Supervised Practice Pertaining to:	1	1	1		
C.5.1. Realization, Promotion and Response to the Health Needs of the Patient, Community and Population. (ETR1)					
<b>C.6. Scholar</b> Trainees are exposed to an Effective Teaching and Supervised Practice Pertaining to:	I				
C.6.1. Teaching Skills. (ETR1)					
C.6.2. Feedback to the more Junior Trainees. (ETR1)					
C.6.3. Critical Appraisal of Literature Using Knowledge of Research Methodology, Conduct and Biostatistics. (ETR1)					
C.6.4. Self-Assessment and Self-Directed Learning. (ETR1)					
C.6.5. Conduct of a Scholarly Project. (ETR1)					

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C.6.6. Conduct of Research Project. (ETR1)						
C.6.7. Participation in a Patient Safety Project. (ETR1)						
C.6.8. Participation in a Healthcare Quality Assurance or Improvement Project (ETR1)						
C.6.9. Presentation or Participation at National, Regional or International Conferences. (ETR1)						
C.7. Professional Trainees are exposed to an Effective Teaching and Supervised Practice Pertaining to:				1		
C.7.1. Professional Conduct & Ethical Behaviours.						
C.7.1.1. Deliver High Quality Care with Integrity, Honesty and Compassion. (ETR1)						
C.7.1.2. Intra-Professional, Inter-Professional and Interpersonal Behaviours. (ETR1)						
C.7.1.3. Practice in Ethically Responsible Manner. (ETR1)						
C.7.1.4. Analysis and Reflection to Adverse or Sentinel Events and Strategies to Prevent Re-Occurrence. (ETR1)						
C.7.2. Principles of Bioethics. (ETR1)						
C.7.3. Relevant Legal and Regulatory Framework. (ETR1)						
C.7.4. Personal Health and Well-Being. (ETR1)						



### E. EVALUATION OF TRAINEES PERFORMANCE

Standard	Fully Met	Partially Met	Not Met	N/A	Comment
.1. Clearly Defined Methodology of Evaluation. (ETR1)					
.2. Evaluation Compatible with the Characteristic Being Assessed.					
E.2.1. Evaluation of Knowledge. (ETR1)					
E.2.2. Evaluation of Clinical Skills by Direct Observation. (ETR1)					
E.2.3. Evaluation of Attitudes and Professionalism. (ETR1)					
E.2.4. Evaluation of Communication Abilities with Patients, Care-Givers and Colleagues. (ETR1)					
E.2.5. Written and Verbal Communications. (ETR1)					
E.2.6. Evaluation of Collaborating Skills. (ETR1)					
E.2.7. Evaluation of Teaching Skills. (ETR1)					
E.2.8. Evaluation of Response to Issues Related to Age, Gender, Culture and Ethnicity. (ETR1)					
3. Evaluation is Provided in an Honest, Helpful, Timely Manner, Documented and Provided in a Feedback Session.		1			
E.3.1. Ongoing Informal Feedback During the Training Rotation. (ETR1)					
E.3.2. Face-to-Face Formal Feedback Meetings. (ETR1)					
E.4. Trainees are Informed of Serious Concerns. (ETR1)					
E.5. Evaluations are Reviewed Regularly by the TPC. (ETR1)					
E.6. Provides Final In-Training Evaluation Report (FITER). (ETR1)					

Mechanisms in Place is Required to Ensure the Systematic Collection and Interpretation of Evaluation Data for Each Trainee Enrolled in the Training Program

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# R. RESOURCES:

There must be Adequate Educational Resources including Training Faculty, Number/Variety of Patients and Procedures, Physical and Technical Resources, Supporting Facilities and Services Necessary to Provide the Opportunity for All Trainees in the Training Program to Attain the Educational Objectives, as Defined by the SCFHS Training Program Curriculum.

Standard	Fully Met	Partially Met	Not Met	N/A	Comment
R.1. Sufficient Number of Qualified Full-Time Equivalent (FTE) Trainers and Appropriate Number, Age, Gender, Variety of Patients (or Lab Specimens or Radiology Images, List as Applicable).					
R.1.1. General Neurology					
R.1.1.1. ≥ 2 SCFHS Classified Neurology Trainers ETR0					
R.1.1.2. ≥ 8 inpatients cases per week ETR2					
R.1.1.3. ≥ 4 General Neurology Clinics per Week ETR1					
R.1.1.4. ≥ 1 Multiple Sclerosis Clinic per Week ETR1					
R.1.1.5. ≥ 1 Movement Disorders Clinic per Week ETR1					
R.1.1.6. ≥ 1 Stroke Prevention Clinic per Week ETR1					
R.1.1.7, ≥ 1 Headache Clinic per Week ETR1					
R.1.1.8. ≥ 1 Neuromuscular Clinic per Week ETR1					
R.1.1.9. ≥ 1 Behavioral Neurology Clinic per Week ETR1					
R.1.2. Internal Medicine ETR1			1	1	
R.1.2.1. ≥ 2 SCFHS Classified Internal Medicine Trainers					
R.1.2.2. ≥2 clinics per week					
R.1.2.3. ≥10 inpatients per week					
R.1.3. Epilepsy and Electroencephalography (EEG) ETR1					
R.1.3.1. ≥ 2 SCFHS Classified Epilepsy and Electroencephalography Trainer					



R.1.3.2. ≥ 2 Epilepsy Clinics per week       Image: Clinic per week       Image: Clinic per week         R.1.3.3. ≥ 5 Epilepsy cases per clinic per week       Image: Clinic per week       Image: Clinic per week         R.1.3.4. ≥ 20 routine EEGs per week OR 100 EEG hours       Image: Clinic per week       Image: Clinic per week         R.1.4.1. ≥ 20 routine EEGs per week OR 100 EEG hours       Image: Clinic per week       Image: Clinic per week         R.1.4.1. ≥ 20 Nerve Conduction Studies (NCS) with or without electromyography (EMG) per month       Image: Clinic per week       Image: Clinic per week         R.1.5.1. ≥ 1 SCFHS Classified Pediatric Neurology Trainers       Image: Clinic per week       Image: Clinic per week       Image: Clinic per week         R.1.5.1. ≥ 1 SCFHS Classified Intensive Care Medicine Trainers       Image: Clinic per week       Image: Clinic per week       Image: Clinic per week         R.1.6.1. ≥ 2 SCFHS Classified Intensive Care Medicine Trainers       Image: Clinic per week       Image: Clinic per week       Image: Clinic per week         R.1.7.1. ≥ 2 SCFHS Classified Adult Cardiology Trainers       Image: Clinic per week       Image: Clinic per week       Image: Clinic per week       Image: Clinic per week         R.1.7.1. ≥ 2 SCFHS Classified Adult Cardiology Trainers       Image: Clinic per week       Image: C					-	-
R.1.3.4. 220 routine EEGs per week OR 100 EEG hoursImage: Constraint of the second	R.1.3.2. ≥ 2 Epilepsy Clinics per week					
R.1.4. Electromyography (EMG) ETRI         R.1.4. Liectromyography (EMG) per month         R.1.4. 1. ≥ 20 Nerve Conduction Studies (NCS) with or without electromyography (EMG) per month         R.1.5. Pediatric Neurology ETRI         R.1.5. 1. 21 SCFHS Classified Pediatric Neurology Trainers         R.1.5. 2. 22 clinics per week         R.1.5.2. 22 clinics per week         R.1.5.3. 25 cases per clinic per week         R.1.5.3. 25 cases per clinic per week         R.1.5.1. 21 SCFHS Classified Intensive Care Medicine Trainers         R.1.6.1. 22 SCFHS Classified Intensive Care Medicine Trainers         R.1.6.2. 2 10 ICU beds         R.1.7.1. 2 2 SCFHS Classified Adult Cardiology Trainers         R.1.7.1. 2 2 SCFHS Classified Adult Cardiology Trainers         R.1.7.2. 2 2 cardiology clinics per week         R.1.7.2. 2 2 cardiology clinics per week         R.1.7.3. 2 10 cardiology inpatient consults per week         R.1.7.2. 2 10 iCU beds         R.1.7.2. 2 2 cardiology clinics per week         R.1.7.1. 2 2 SCFHS Classified Adult Cardiology Trainers         R.1.7.2. 2 10 iCU beds         R.1.7.2. 2 10 iCU beds         R.1.7.2. 2 10 icut per week         R.1.7.1. 2 10 cardiology inpatient consults per week         R.1.8.1. 2 1 SCFHS Classified Psychiatry Trainers         R.1.8.1. 2 1 SCFHS Classified Psychiatry Trainers	R.1.3.3. ≥ 5 Epilepsy cases per clinic per week					
R.1.4.1. ≥ 20 Nerve Conduction Studies (NCS) with or without electromyography (EMG) per month       Image: Conduction Studies (NCS) with or without electromyography (EMG) per month         R.1.5.1. ≥ 1 SCFHS Classified Pediatric Neurology Trainers       Image: Conduction Studies (NCS) with or without electromyography (EMG) per month         R.1.5.1. ≥ 1 SCFHS Classified Pediatric Neurology Trainers       Image: Conduction Studies (NCS) with or without electromyography (EMG) per month         R.1.5.2. ≥ 2 clinics per week       Image: Conduction Studies (NCS) with or week       Image: Conduction Studies (NCS) with or mediatric Neurology Trainers         R.1.5.3. ≥ 5 cases per clinic per week       Image: Conduction Studies (NCS) with or 	R.1.3.4. ≥20 routine EEGs per week OR 100 EEG hours					
without electromyography (EMG) per monthImage: Constraint of the second sec	R.1.4. Electromyography (EMG) ETR1	1				
R.1.5.1. ≥ 1 SCFHS Classified Pediatric Neurology Trainers       Image: Classified Pediatric Neurology Trainers         R.1.5.2. ≥ 2 clinics per week       Image: Classified Pediatric Neurology Trainers         R.1.5.3. ≥ 5 cases per clinic per week       Image: Classified Pediatric Neurology Trainers         R.1.6.1. ≥ 2 SCFHS Classified Intensive Care Medicine Trainers       Image: Classified Intensive Care Medicine Trainers         R.1.6.1. ≥ 2 SCFHS Classified Intensive Care Medicine Trainers       Image: Classified Pediatric Neurology Trainers         R.1.6.2. ≥ 10 ICU beds       Image: Classified Adult Cardiology Trainers         R.1.7.1. ≥ 2 SCFHS Classified Adult Cardiology Trainers       Image: Classified Adult Cardiology Trainers         R.1.7.2. ≥ 2 cardiology clinics per week       Image: Classified Pediatric Neurology Trainers         R.1.7.3. ≥ 10 cardiology inpatient consults per week       Image: Classified Pediatric Neurology Trainers         R.1.8.1. ≥ 1 SCFHS Classified Psychiatry Trainers       Image: Classified Psychiatry Trainers         R.1.8.2. ≥ 1 clinic per week       Image: Classified Psychiatry Trainers         R.1.8.3. ≥ 5 inpatients consults per week       Image: Classified Psychiatry Trainers						
Image: Constraint of the second se	R.1.5. Pediatric Neurology ETR1	I	1	I		
R.1.5.3. $\geq$ 5 cases per clinic per weekIIIIR.1.6.1. $\geq$ 2 SCFHS Classified Intensive Care Medicine TrainersIIIR.1.6.1. $\geq$ 2 SCFHS Classified Intensive Care Medicine TrainersIIIR.1.6.2. $\geq$ 10 ICU bedsIIIIR.1.6.2. $\geq$ 10 ICU bedsIIIIR.1.7.1. $\geq$ 2 SCFHS Classified Adult Cardiology TrainersIIIR.1.7.1. $\geq$ 2 SCFHS Classified Adult Cardiology TrainersIIIR.1.7.2. $\geq$ 2 cardiology clinics per weekIIIR.1.7.3. $\geq$ 10 cardiology inpatient consults per weekIIIR.1.8.1. $\geq$ 1 SCFHS Classified Psychiatry TrainersIIIR.1.8.1. $\geq$ 1 clinic per weekIIIIR.1.8.2. $\geq$ 1 clinic per weekIIIIR.1.8.3. $\geq$ 5 inpatients consults per weekIIII	R.1.5.1. $\geq$ 1 SCFHS Classified Pediatric Neurology Trainers					
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R.1.6.1. ≥ 2 SCFHS Classified Intensive Care Medicine Trainers       Image: Constraint of the second	R.1.5.3. ≥ 5 cases per clinic per week					
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R.1.7. Adult Cardiology ETR1R.1.7.1. ≥ 2 SCFHS Classified Adult Cardiology TrainersR.1.7.1. ≥ 2 SCFHS Classified Adult Cardiology TrainersR.1.7.2. ≥ 2 cardiology clinics per weekR.1.7.3. ≥ 10 cardiology inpatient consults per weekR.1.8. Psychiatry ETR1R.1.8.1. ≥ 1 SCFHS Classified Psychiatry TrainersR.1.8.2. ≥ 1 clinic per weekR.1.8.3. ≥ 5 inpatients consults per week						
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R.1.7.2. $\geq 2$ cardiology clinics per weekImage: Constraint of the second	R.1.7. Adult Cardiology ETR1	1				
R.1.7.3. ≥ 10 cardiology inpatient consults per week       Image: Consult of the second	R.1.7.1. $\ge$ 2 SCFHS Classified Adult Cardiology Trainers					
R.1.8. Psychiatry ETR1         R.1.8.1. ≥ 1 SCFHS Classified Psychiatry Trainers       Image: Construct on the system of the system	R.1.7.2. ≥ 2 cardiology clinics per week					
R.1.8.1. ≥ 1 SCFHS Classified Psychiatry Trainers       Image: Classified Psychiatry Trainers         R.1.8.2. ≥ 1 clinic per week       Image: Classified Psychiatry Trainers         R.1.8.3. ≥ 5 inpatients consults per week       Image: Classified Psychiatry Trainers	R.1.7.3. ≥ 10 cardiology inpatient consults per week					
R.1.8.2. ≥ 1 clinic per week     Image: Construction of the second	R.1.8. Psychiatry ETR1					
R.1.8.3. ≥ 5 inpatients consults per week	R.1.8.1. ≥ 1 SCFHS Classified Psychiatry Trainers					
	R.1.8.2. ≥ 1 clinic per week					
P 1 9 Neuroradiology ETP1	R.1.8.3. ≥ 5 inpatients consults per week					
	R.1.9. Neuroradiology ETR1	1	1		1	

Adult Neurology Program Accreditation Standards Form SASCED-L844 SASCED- P09120901 FRM.802.AC.155. 2023.V2.2 December, 2023



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R.1.9.1. ≥ 1 SCFHS Classified Neuroradiology Trainers					
R.1.9.2. ≥ 1 MRI machine (1.5 Tesla or more)					
R.1.9.3. ≥ 2 Computed Tomography machine (CT)					
R.1.10. Emergency Medicine ETR1					
R.1.10.1. ≥ 1 SCFHS Classified Emergency Medicine Trainers					
R.1.10.2. ≥ 500 ER cases per year					
R.1.11. Endocrinology ETR1					
R.1.11.1. ≥ 1 SCFHS Classified Endocrinology Trainers					
R.1.11.2. ≥ 1 Endocrinology clinic per week					
R.1.11.3. ≥ 5 Inpatient consults per week					
R.1.12. Rheumatology ETR1					
R.1.12.1. ≥ 1 SCFHS Classified Rheumatology Trainers					
R.1.12.2. ≥ 1 Rheumatology clinics per week					
R.1.12.3. ≥ 5 Inpatient consults per week					
R.1.13. Infectious Disease ETR1					
R.1.13.1. ≥ 1 SCFHS Classified Infectious Disease Trainers					
R.1.13.2. ≥ 1 Infectious Diseases Clinic per week					
R.1.13.3. ≥ 5 inpatient infectious disease consults per week					 
R.1.14. Neurosurgery ETR1	1	1	1		
R.1.14.1. $\geq$ 1 SCFHS Classified Neurosurgery Trainer					
R.1.14.2. ≥ 1 neurosurgery clinics per week					

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R.1.14.3. $\geq$ 1 neurosurgical case per week			
R.1.14.4. $\ge$ 5 Inpatients neurosurgical consultations per week			
R.1.15. Neuro-Ophthalmology ETR2	1	1	
R.1.15.1. ≥ 1 SCFHS Classified Neuro Ophthalmology Traine			
R.1.16. Neuropathology ETR2	1	1	
R.1.16.1. ≥ 1 SCFHS Classified Neuropathology Trainer			
R.1.17. Academic Activities			
R.1.17.1. Academic half-day once weekly ETRO			
R.1.17.2. Morning Report daily ETR1			
R.1.17.3. Grand Round once weekly ETR1			
R.1.17.4. Clinical teaching sessions once weekly ETR1			
R.2. Clinical Services and Resources Organized to Promote Training and Education.			
R.2.1. Trainers Excel in Teaching, Training, Formative Assessment and Mentorship Skills. (ETR1)			
R.2.2. Multi-Disciplinary Based Healthcare Service Promoting for Educational Learning Environment. (ETR1)			
R.2.3. Integration of Emergency, Acute Care, Ambulatory and Community Experiences (When Applicable). (ETR1)			
R.2.4. Knowledge, Skills & Attitudes Relating to Age, Gender, Culture, and Ethnicity are considered for Effective Training Program Delivery. (ETR1)			
R.2.5. Expertise and Facility Required to Identify, Prevent and Handle Patients Adverse Events Are Available. (ETR1)			
R.3. Adequate Access to Computers/E-Library/On-Line References/ Health Information Management System Are Available 24/7 within Close Proximity. (ETR1)			

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R.4. Physical & Technical Educational and Clinical Resources meet the SCFHS Standards of Accreditation.				
R.4.1. Adequate Space for Daily Work. (ETR1)				
R.4.2. Adequate Access to Appropriately Furnished and Equipped on Call Rooms (Males/ Females, Junior/ Senior) for In-Hospital and/or Out-of-Hospital On-Calls. (ETR1)				
R.4.3. Adequate Access to Dining Facility, Cafeteria and/or Vending Machine (Males/ Females). (ETR1)				
R.4.4. Adequate Access to Appropriately Furnished and Equipped Lounge and/ or Office Space for the Trainees (Males/ Females). (ETR2)				
R.4.5. Access to Technical Resources for Patient Healthcare Delivery. (ETR1)				
R.4.6. Access to Simulation Center or Facility for Direct Observation of Clinical and Procedural Skills. (ETR1)				
R.4.7. Access to Private Space for Clinical and/or Educational Confidential Discussion. (ETR1)				
R.5. Supporting Facilities and/or Services.				
R.5.1. Diagnostic imaging (ETR1)				
R.5.2. Laboratory services & blood bank (ETR1)				
R.5.3. Physical therapy service (ETR1)				
R.5.4. Speech and swallowing (ETR1)				
R.5.5. Acute stroke code pathway (ETR1)				

December, 2023

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			Training Rotations			
نمد Accre لا	 ETR Type	المدة Duration	Training Rotation			
	ETR1	124 weeks	Neurology			
	ETR1	12 weeks	Internal Medicine			
	ETR1	12 weeks	Epilepsy and Electroencephalography (EEG)			
	ETR1	12 weeks	Electromyography (EMG)			
	ETR1	8 weeks	Pediatric Neurology			
	ETR1	8 weeks	Adult Critical Care			
	ETR1	8 weeks	Adult Cardiology			
	ETR1	8 weeks	Psychiatry			
	ETR1	8 weeks	Neuroradiology			
	ETR1	4 weeks	Adult Emergency Medicine			
	ETR1	4 weeks	Adult Endocrinology			
	ETR1	4 weeks	Adult Rheumatology			
	ETR1	4 weeks	Infectious Disease			
	ETR1	4 weeks	Neurosurgery			
	ETR1	8 weeks	Research			
			Elective Rotations			
	ETR2	8 weeks	Neuro-Ophthalmology			
	ETR2	8 weeks	Neuropathology			



		ed Training Sites me Training Center and accredited for the Training Program)
Training Site		Training Site
	11	1
	12	2
	13	3
	14	4
	15	5
	16	6
	17	7
	18	8
	19	9
	20	10

(List of Training Sites that are linked to the	Governance	ating Training Sites of another Training Center that collaborate with the Training o expand the Clinical Training Exposure)					
Training Site		Training Center					



Programs Accreditation Survey Agenda						
Time	Minutes	Agenda	Remarks			
8:00 - 09:00	60	Meeting the Program Director				
9:00 - 10:00	60	Documents Review (Part 1)				
10:00 - 11:00	60	Meeting with the Trainees				
11:00 - 11:40	40	Meeting with the Faculty Trainers				
11:40 - 12:15	35	Meeting with the Head of Department				
12:15 – 13:00	45	Break				
13:00- 13:45	45	Facility Tour	On-Call Rooms, Lounge, Training Classrooms, OPD, Wards, ER, OR, Lab, Radiology, Pharmacy			
13:45 - 15:15	90	Documents Review (Part 2) Surveyors Closed Meeting & Preparing the Survey Report				
15:15 – 16:00	45	Exit De-Brief with the Program Director				



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لاستخدامه في التقييم الذاتي/ المراجعة الداخلية FOR SELF-ASSESSMENT USE/INTERNAL REVIEW

	اسم البرنامج							
	Findings/Issues الملاحظات							
			فاة في كل قسم	عتماد البرامجي المستوف	عدد معايير الا			
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Section R ETR0: ( ) ETR1: ( ) ETR2: ( )	Section E ETR0:0 ETR1:14 ETR2:0	Section C ETR0:0 ETR1:32 ETR2:1	Section S ETR0:0 ETR1:8 ETR2:2	Section G ETR0:4 ETR1:0 ETR2:0	Section T ETR0:3 ETR1:0 ETR2:0	Section A ETR0:2 ETR1:44 ETR2:4	Section I ETR0:0 ETR1:2 ETR2:0	Standards' Weight
ETR0:() ETR1:()	ETR0:0 ETR1:14	ETR0:0 ETR1:32	ETR0:0 ETR1:8	ETR0:4 ETR1:0	ETR0:3 ETR1:0	ETR0:2 ETR1:44	ETR0:0 ETR1:2	Standards' Weight (ETR0)
ETR0:() ETR1:()	ETR0:0 ETR1:14	ETR0:0 ETR1:32	ETR0:0 ETR1:8	ETR0:4 ETR1:0	ETR0:3 ETR1:0	ETR0:2 ETR1:44	ETR0:0 ETR1:2	Weight
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### FOR EXECUTIVE ADMINISTRATION OF ACCREDITATION USE ONLY

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الطاقة الاستيعابية المقترحة في كل مستوى (لا ينطبق على رفض الاعتماد البرامجي أو تجميد الاعتماد البرامجي)									
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